

Essence of Subjective Nursing Diagnoses and Its Utilization

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Abstract

Aim of this study to introduce possible way approaching the essence of subjective nursing diagnoses according to Patient Conducting Based Nursing Care Model and its utilization in nursing practice that deal with adult, mentally not disturbed patients and significant persons, furthermore, to introduce its utility in nursing education and scientific research. **Method and sample:** In order to explore the main characteristics of nursing diagnoses, the method of concept and relevant qualitative literature analysis was used, based on known and accepted psychological theories and nursing diagnoses classifications. **Results:** The findings of the study show the needs for a new approach to interpreting people's messages understanding the equivalent importance of somatic and subjective nursing diagnoses. **Conclusion:** The evaluation of core components behind theories and nursing classification, their significance draw attention on of patient conducting by putting the focus more on conflict prevention in patient – nurse interaction than on its management that may resulting patient satisfaction and job satisfaction as well. **Recommendation:** The results of researches performed at different fields of nursing and the new training programs for nurse students, mentors/tutors, practicing nurses, together can lead to improving of nursing culture and high-quality patient centered care.

Keywords: Nursing diagnoses, losses, attitude, emotional status, coping strategies, patient conducting, personalized nursing care.

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INTRODUCTION

The chief activities of medicine and nursing are organized around healthcare. Now days in view the medical processes primarily put the focus on patients' physiological systems and the disease process during while nursing processes primarily focus on patients' subjective responses to disease and illness as a result of the professions' development (Barrett, 2002; Fawcett, 2012) Nursing diagnosis are core element of nursing and serves as a guiding light for nurses during the whole caring period performed in independent and collaborative functions with other health care professionals (Gordon, 1998; Tastan *et al.*, 2014).

Nursing process is a systematic, rational method of planning and providing nursing care aiming promotion of individuals, families, groups, communities, and disabled, sick and dying people by its phases (assessing, diagnosing, planning, implementing, evaluating) following a logical sequence. (Kozier, *et al.*, 2012, pp.197-257).

The patient-centered nursing care requires individualized approach to involve people in need in

their own recovering processes. Nurses assess patients' needs, they consider and set up appropriate diagnoses provided elaborated Nursing Interventions Classification (NIC), on the base of which nursing interventions can be determined. Nursing Outcomes Classification (NOC) directs to people's behavioral or perceptual responses they have given to nursing interventions. Nursing outcome classification focuses on the results achieved in the implementation of designated nursing interventions reflected by the patients' activities and development. (Sparks & Taylor, 1998; Carpenito, 2013; Ackley, *et al.*, 2020).

The care plan based on nursing diagnoses is used to meet the health needs of the sick person. The effectiveness of client-specific outcome-based nursing care depends on the mutually selected goals and on patient's involvement in the treatment process as a precondition to increase one's motivation to progress toward the wished outcomes. The patient should therefore also be an active participant in all stages of the care process carried out in the spirit of working 'with' the patient not 'for' the individual". (Kozier, *et al.*, 2012, p. 52).

The patient's comprehensive assessment allows nurses the formulation of different types of nursing diagnoses. One-part statements are addressed to formulate syndrome (e.g. rape-trauma) and health-promotion nursing diagnoses e.g. readiness for enhanced health knowledge. Two-part risk or possible risk statements orient nurses avoid unwished somatic and/or behavioral reactions can real or presumable consequences of a given situation. Three-part nursing diagnoses describe specific components of individuals' responses to a health condition or a life event in a comprehensive way. (Carpenito, 2013a; Ackley, *et al.*, 2020).

In structure of nursing diagnoses the problem as a label is a concise term/phrase available from the NANDA-I list. The etiology (pathophysiologic /biologic/psychological; treatment-related; situational; maturational) is related factor that causes or contribute to problem. Symptoms are defining characteristics identified by the nurse in the assessment.

Nursing diagnoses serve as a basis for nursing planning and the definition of interventions in order to achieve appropriate patient-specific results, they must be Specific, Measurable, Attainable, Realistic and Timed according to requirement of outcome statements writing" (SMART). (Ackley, *et al.*, 2020, p. 7).

Physical assessment considers objective information about patient's present situation and health condition. The subjective information is available from the patients' and his significant persons' communication. (Ackley, *et al.*, 2020, p. 7).

Nursing diagnoses summarized above gives enough information for nurses to identify nature of certain physiological dysfunction and for selection valuable knowledge and skill for patient education. Anyhow, it is difficult for nurses to integrate theoretical knowledge acquired from psychological disciplines to interpret patients' reactions in their daily practice about, to identify to who belongs a health-prone or ineffective health behavior or even the readiness for enhanced knowledge. Who the person is whose knowledge requires improvement in order to support his own recovery, what is more who, without the involvement of whom patient education and overall, the effectiveness of care can only achieve probalistic manner. Therefore, the identification of the patient's subjective responses should be given at least as much attention as the formulation of nursing diagnoses expressing the patient's physical condition, as they have a major impact on the effectiveness of the care process.

Patient conducting is a medium for transfer the values and interventions of nursing care are offered for people in need that is performed by paramedical counseling along the whole nursing process. Paramedical counseling in features is preventive and

supportive, focusing on the present at a conscious level, aiming to facilitate the problem-solving of individuals in given nursing situations. Next to the orientation and consultation, its aim is assisting individuals in focusing and using their own potentials and strengths deriving from their energy fields. (Helembai, 2019a).

The aim of this study to introduce possible way approaching the essence of subjective nursing diagnoses and tool its utilization in nursing practice that deal with adult, mentally not disturbed patients and significant persons, furthermore, to introduce its utility in nursing education and scientific research.

ESSENCE OF NURSING DIAGNOSES

Sit comfortably on a chair. Bend your hands in first. Place your legs together. Close your eyes. Open your mouth big. Now do all this at once and with great effort. If you followed the instruction accurately and without inhibitions, you could experience the feeling of a roar.

From the point of view of the object, it becomes clear that the eye-closing, the folding of the hand, etc. don't have much to do with let out a happy or angry shout. The structure of the 'production' content very different elements, which, in co-operation, lead to other, more complex manifestations. It is also a fact that each of the sub-elements is required to achieve the desired behavior.

Perception captures phenomena as a system, one of the most important components of which is the human system hierarchy that is a filter and inducer of the effects. (Bertalanffy, 1968) Based on the main characteristics of the theoretical considerations the structure and functioning of the direct human - environment interaction can be combined and summarized for understanding and for further interpretation of subjective nursing diagnoses.

Role of Human Internal Energy Field I.

The interaction of the external and internal environment induces and mobilizes human behavior.

The function of the physiological system serves as a primary energy field for the interaction. The brain receives stimuli from the sensory organs in two ways. Special afferents provide information that is used to control behavior and specific responses. In addition to separate sensations (light, heat, sound, etc.), they also ensure that information can be separated within each type of sensation depending on the place where the excitement is generated.

The other kind of tracks is made up of the non-specific afferents. Because of their stimulating effect, they are suitable to promote the spread of the transported stimulus in the area of the cortex. Thus, they help to transfer stimulus to the moving systems on

their non-specific paths. Their functioning produces arousal level and altering by sensory stimulation and the thoughts (Bertalanffy, 1968; Hebb, 1972).

As a dynamic energy field, a person interacts continuously with the environment, each of which has a pattern of infinite variations. Man, and the environment are two energy fields, between which harmony of interaction is necessary to maintain a state of health.

External and internal energy fields vary from person to person, which may change due to pain or illness.

Each of the actors involved in interpersonal relationships is a personality with a multi-complex system hierarchy. Furthermore, each of the subsystems of the human system hierarchy is already a complex formation in which, for example, the nervous system, skeletal system, movement system, endocrine system, digestive system, hematopoietic system, etc. works.

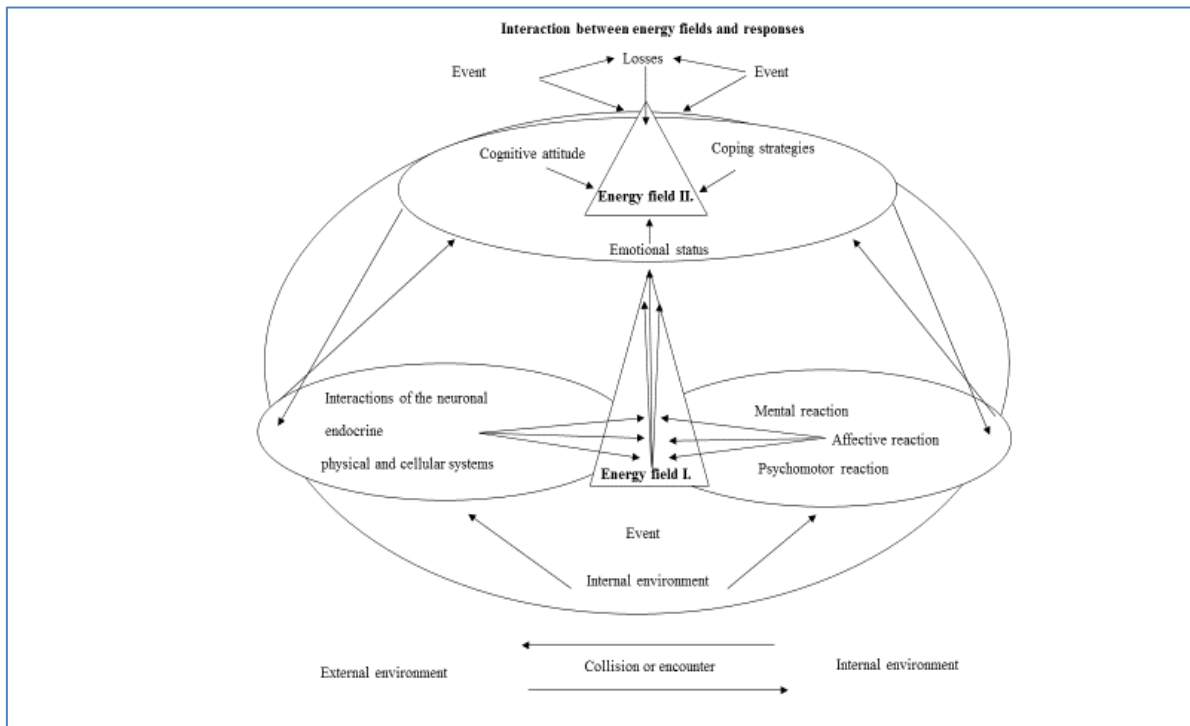


Fig-1: The structure and functioning of the human internal energy field I

An element becomes significant only as a carrier or intermediary of one of the relationships in its interaction with other elements. The element is therefore not an 'atom', which can no longer be broken down, but represents certain identifiable clusters. It is a group of elements independent of quality that is established within the framework of spatial and temporal conditions and is characterized by a specific purpose.

In functioning human system hierarchy is dynamic, because the arrangement between the elements of the system has operational direction changes, causality and space-time arrangement. On the one hand, system is an open construction as it exists in constant exchange of material and information with its external and internal environments. It is multipl complex, because contents lot of elements and corresponding relationships. On the other hand, it can be regarded as in which all elements and relationships are interrelated and resulting multivariate and probabilistic trait of human behavior (Bertalanffy, 1988, 81-117).

According to the representatives of the arousal theory, arousal as an indicator of activation levels can be observed in many aspects of physiological function, such as muscle tone, changes in heart function, electrode activity of the brain, etc. It is also accepted that within the arousal interval, within the interval of calm, deep sleep and the level of an agitated a person try to behave in a way that supports maintaining an individually optimal arousal level. (Bertalanffy, 1968; Hebb, 1972; Zuckerman, 1984; Bernstein, 1988; Fiske & Maddi, 1961). In the status of the individually balanced arousal level, individuals feel better and able achieve better results in their performance. (Leary, 1957, Fiske & Maddi, 1961; Bernstein, 1988).

Structure of Somatic Nursing Diagnoses

The patient's body, in the "language of physiology" and mostly measurable way tells us what his loss is, when patient complaints about dizziness and numbness 'in his legs'. Using patient's "own glasses", he formulates his demands, which are mostly limited to eliminating subjective complaints (let dizziness go away, keep my legs, return to fitness, etc.).

The number of needs assessed through the BS/MS qualified "nurses' needs assessment glasses" far exceeds this since the angle of professional knowledge is much wider. In addition to the patient's reported problems, therefore, factors that cannot be taken by the patient due to lack of knowledge and/or excessive self-proximity to the problems should be considered. Based on the careful patient assessment different type of nursing diagnoses can be set up and planning programs to get wished outcomes.

Diagnosing Somatic Responses Given to Physiological Dysfunction (SORE)

Problem related to (r/t) Etiology as evidenced by (aeb) Symptoms

The programs are designed to ensure patients' active participation in the healing process, which can help individuals develop their previous knowledge and skills and help them acquire new ones. The content of the programs should focus on the patient's current and further chronic health needs, even if the latter do not currently require care.

Role of Human Internal Energy Field II

For centuries, the motivation for human behavior has been at the heart of the interest of philosophers and psychologists. As a result of research, cognitive and emotional factors, under biological conditions, can be considered as the source of the main motivations that determine human behavior (Petri, 1986; Hebb, 1972). They serve as secondary energy

fields and participate in interactions between man and the environment.

In general terms, attitude is a mental and neural standby state, a predisposition, a position that has a controlling or dynamic effect on the individual's response to all the subjects and situations to which the attitude relates (Allport, 1929). Therefore, in addition to the physiological determinants, the attitude of the individual, which also plays a decisive role in the development of a person's health, is essential for the way in which the event/loss is experienced.

Knowledge, values and education about the world should shape people's perceptions and mindsets about existence in different ways. Cognitively, humans can get different images of nature and supernatural forces-man's inner nature, the role of time, or activity and the importance of human relationships and their role in life. (Campbell,1963; Murray & Zentner, 1985).

The affective component, which can be considered purely assessor, involves a person's positive or unfavorable feelings about the subject, the intensity of which refers to the strength of the affective component.

"According to the definition of the emotion it is (1) an experience, that (2) is felt as happening to the self, (3) is generated in part by one's cognitive appraisal of a situation and (4) is accompanied by both learned and reflective physical responses." (Bernstein, 1988, p. 445).

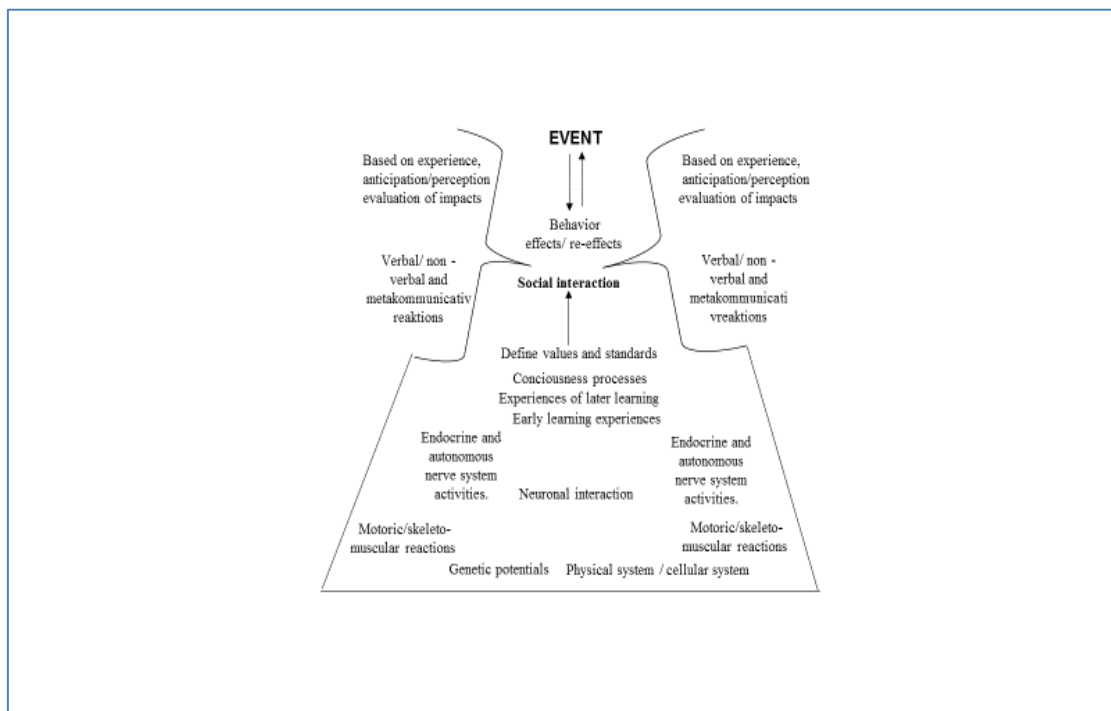


Fig-2: The structure and functioning of the human internal energy field II.
(Behavioral development factor after Hebb, 1972)

The emotion can motivation factor and motivation can generate emotions. Due to too high internal tension, an emotionally overheated person is less able concentrate or control his thoughts and act effectively. Based on research, it has been clearly demonstrated that negative emotions adversely affect physiological health. (Cohen, 1980; Bernstein, 1988) The positive effect of positive emotional charging can also assume against disease-causing agents according to relevant studies evidenced the power of the persons' internal energy fields. (Greer, *et al.*, 1979).

The psychomotor component of attitude appears in tendency of the person behavior. The results of the research show that people's verbal attitudes about a situation, object or phenomenon are very weak in relation to their behavior (Festinger, 1964).

The results of the research also revealed that people tend to express opinions on things they had not previously thought about. (Sherif *et al.*, 1965) Patients usually have few or superficial information about their disease, interventions, to which their emotions of different nature and intensity may be related. From the point of view of care, it is also important that an effective change of one attitude component may induce a change in the other dimensions (Katz & Stotland, 1959).

Approaching the side of the action, the consequences of the influence of attitudes should also be considered in the case of a person facing the disease. Desperation can easily lead to "irresponsible" decisions/actions that seriously deteriorate health, threaten the individuals' recovery prospects if they do not receive professional help to rethink their situations and opportunities, because problems are too close to them to get clear pictures about it for the effective problem solution (Helembai, 2019a).

Structure of Subjective Nursing diagnoses

Patients report verbal and/or non-verbal complaints about their subjectively experienced status in forms of "coded messages". The "deciphering" contents of messages and ordering them into a logical structure based on approved scientific consideration creates possibilities for nurses to interpret patient's subjective reactions and, to set up subjective nursing diagnoses that make possible to follow changes in responses on a "measurable" manner as well.

Subjective nursing diagnosis reveal how the patient responds to health-related problems and supply recommendations about, who the person to whom the physiological symptoms belong. In other words: How the patient facing his problem (Cognitive Attitude). What energy coverage (helper or inhibitor) he has (Emotional status). (Carpenito, 1966 b) How the person is trying to cope with his difficulties (Coping

strategies). Coping can only be effective if it is clearly defined why, when, what and how efforts should be directed.

Diagnosing Subjective Responses Given to Dysfunctions

(SURE)

Cognitive attitude related to (r/t) Emotional status as evidenced by (aeb) Coping strategy

Knowledge of necessities reveals the goal that individual desires to achieve, in this case, to regain his state of health. However, the 'tools' and characteristics of achieving this goal can vary considerably (e.g. strict bed rest, self-injection, examinations, surgery, use of medication, aids product, etc.) and attitudes towards the evaluation of each 'device' as well.

Patients should always be able to clearly see and know their reasons and opportunities, on the base of which "program packages" can be designed with their active participation. From this point of view, the patient should know the cause of his symptoms, the role of recommended tests, interventions, prescriptions in improving his present condition and avoiding complications or remissions. This knowledge improves the sense of predictability (Bernstein, 1988 p. 472-503) and being able to influence patient's willingness to participate in his own care, because is well known, no professionals able to recover from sickness in the place of patients themselves.

UTILIZATION OF SUBJECTIVE NURSING DIAGNOSES

The biggest problem with the complaints is, such as "everything is hopeless" or "nothing makes no sense", that 'everything' contains too few, 'nothing' contains too many coded messages to reveal the patient's attitude to the current situation.

People facing with health problems have very different attitudes to adopting/applying the challenges and tools that lead to achieving their goals. In course of patient conducting, it is therefore necessary to clarify the patient/relative's, significant persons' attitude to situation and their emotional status, as well as the coping strategy, in relation to each assigned task. That is why it is advisable applying a guiding principle to assist a nurse therapist to set up subjective nursing diagnoses for the process of paramedical counseling.

The survey becomes basis for a targeted care strategy and an operatically feasible, that effective if subjective responses to losses are identified accurately. Patient centered-based care should therefore only start after matching the patient's verbally communicated demands and the patient's needs assessed by nurses.

Using structure and characteristics of attitude helps the nurse with interpretation of patient's reaction and in set up subjective nursing diagnoses statement with help of the assessment method for losses and patients' behavior, formerly introduced in detailed in Patient Conducting Model for nursing care. The structure of this assessment tool can serve as a "LINER" to define the current position and select optimal route to get there. (Helembai, 2019a).

Creating Subjective Nursing Diagnoses Based on Situation Analyzes

As an example, in the following story a person tells nurse his attitudes toward his admission to hospital.

Mr. X.Y. 57 years old male patient arrived at hospital for a checking up, because of the continuously experienced giddiness, and numbness 'in his legs'. (complaint=loose/important element of self) Reacting to offered hospitalization he says:

"OK, that is right, but I am sure there are not too much reason for these observation and examinations, because these dizziness and numbness will disappear after a time. (cognitive attitude-hindering form-aversive/belittling type). The family and you nurse shouldn't deal with so much such a dodderly one as I am. (Emotional status/low self-estimation).

Additionally, it is so pity, I have not my nice cup have here, (complaint=loose/external object) it would be better to drink from it as usually I do. He also says: "Finally the life will not be the worst at the ward, because I have just met my neighbor here at the corner. We can talk about different interesting things, play cards as usually we do. Hopefully, on this way the time will be quite running (emotional centered/distracting coping strategy).

Unfortunately, my childhood friend is not able to visit me and, I must give up also my favorite engagement the walking (complaint=loose/external resource), because of my weak condition. (complaint=loose/ important element of self).

The following analytical aspects have to identify strictly on patient's messages in order to avoid attribution deriving from the trap of the best knowledge.

Own or significant persons' life

(There is no relevant message in the text)

Important element of the self

Dizziness and numbness in legs, weak condition

(Nursing has direct impact on this problem solution)

Important person

Childhood friend

(Nursing has indirect effect on this problem solution)

Familiar environment

(There is no relevant message in the text)

External objects, resources

cup; walking

(Nursing has indirect effect on this problem solution)

Cognitive Attitude

Adekvat: the patient accepts the rules and obligations related to his/her health problem and use his internal power for the aim in the possible measure.

If the patient wants to heal, thinks about his/her condition in a way that supports his/her health needs, but does not yet have the necessary knowledge and skills to be an active part of the process of his/her own recovery, then the choice of a 'potentially' adekvat is recommended.

Aversive: A strong dislike; the patient isn't ready or isn't able to face his sickness.

- Indifferent* – he looks like if he wouldn't be interested in his own health status and his chance/prospect.
- Belittling* – plays down the importance of the health problem, treatments, hospitalization, medication
"OK, that is right, but I am sure there are not too much reason for these observation and examinations, because these dizziness and numbness will disappear after a time."
- Denying* – patient doesn't deal with his/her illness; flatly deny the existing health problem.

Emotional Status

Anxiety

It can be marked only if a physical symptom can be observed. This is the main differential diagnostic criterion between the anxiety and feeling hopelessness/helplessness.

Defining characteristics

Autonomic hyperactivity; shortness of breath; palpitations or tachycardia; sweating; cold hands; nausea, diarrhea; difficulty swallowing; muscle tension, trembling; restlessness; easily fatigued; difficulty concentrating; insomnia; irritability; fear, sadness, worry increased attention to physical sensations; increased uncontrolled reactions to different stimuli; expression of perceptions of the disease; expression of feeling of inaccessibility and inability; inability to concentrate, understand and remember; increasing muscle tension in the body and face; expression of unspecified negative events.

Hopelessness/Helplessness

Defining characteristics

Decreased affect, decreased appetite, decreased involvement in care; decreased verbalization; increased sleep nonverbal cues- minimal eye contact; shrugging in response question; turning away from speaker; declining attention to others; deteriorating mood, and concentration skills; frequent hopeless responses („What’s the use”).

Low Self-Esteem

Defining characteristics

Difficulty making decision; indecision when considering new things and situations; episodic occurrence of negative self- appraisal; (e.g. rejects acknowledgement); evaluation of self as unable to handle situational events;

Verbalization of negative feelings about self (helplessness, uselessness):

“The family and you nurses shouldn’t deal with so much such a dodderly one as I am.”

Increased sensitivity to the evaluation (criticisms) of others; reject positive feedback; rationalization; projection.

Coping Strategy

Problem Centered Strategy: people focus on the problem-solution, take into account the helping factors and, initiate changes in their internal and external environment.

The labeling of the problem-centered strategy is recommended if the patient has adequate knowledge, skills and about his/her illness uses those at his/her own insight/will. As a tendency to problem-oriented coping, it is recommended to indicate "I understand the essence of it, I try to follow the recommendations, observe the rules, etc.

Emotional Centered Strategies: people focus on their feeling rather than on problem-solving.

a) ruminating strategy: people is sorry about themselves; they are thinking about their bad circumstances they have had in the past, about their present hard situations and, have a feeling of uncertainty related to their future meanwhile, they omit to start with their problem-solving.

b) Distracting strategy: people start to deal with a less pressuring or pleasant activity. Risky feature: he may be forgetting to return to his problem and it’s solving.

“Finally, the life will not be the worst at the ward, because I have just met my neighbor here at the corner. We can talk about different interesting things, play cards as usually we do. Hopefully, on this way the time will be quite running.”

c) Negative avoiding strategy: impolite, disturbing behavior, or irresponsible risky behavior (e.g. rejecting medication)

“Patient’s message in decoded form: Please realize that I’m not ready yet to facing my problems directly. I feel vulnerable in this unusual situation, but I can tolerate it if I deal with more pleasant things that distract me.”

Based on the short description and using the LINER is possible for nurses to set up nursing diagnoses in order to start with a personalized program planning together with the patient for the common work:

Somatic nursing diagnoses

(SORE)

e.g. Reduced cerebral perfusion r/t transient ischemic attack (aeb) dizziness and numbness in legs

e.g. Impaired walking r/t reduced balance (aeb) dizziness and numbness in legs

e.g. Risk for falls related to decreased balance.

Subjective nursing diagnoses

(SURE)

Aversive/ belittling attitude toward hospitalization related to low self-esteem as evidenced by (aeb) emotional centered distracting strategy.

CONCLUSION

The complexity of the personality’s reactions warns at any moment that all aspects of care always touch and activate the whole personality, meaning that 'at the end of the broken little finger, you are always there'.

Factors that disrupt the functioning of the human system hierarchy affect the area of human competence directly or indirectly, so that they can only be separated hypothetically. The peculiarity of the functioning of the human system hierarchy is a cardinal component of professional care.

Based on the results of attitude research, it has long been known that the attitude effects on individuals affect the functioning of all areas of human competence, including its physiological, cognitive, emotional and social aspects. That is why, similarly to physical assessment is suggested to pay also serious attention in what manner patients subjectively react to losses they have experienced that help set up subjective nursing diagnoses for patient conducting process creating conditions whereby all patients may preserve their human dignity and identity.

In the case of infection, the primary objective is to identify the pathogen, with the knowledge of which targeted therapy can be initiated. However, the

situation is different in identifying people's subjective response to the disease, since the often bitter, inadequate manifestations of coping are unsuitable for laboratory tests.

In a state of broken balance, finding the way for problem solution can become uncertain for individuals in terms of recognizing opportunities, both in accepting help and mobilizing internal power or external resources.

From this point of view subjective nursing diagnosis are also essential, as because it can contribute to support of the effective individualized care.

Patient conducting based care requires from nurses the understanding patient's coded messages and formulation subjective diagnosis as personal responses to nursing situations and planned interventions according to the identified results of assessment.

If nurses really want to work with the patient, the nurse's 'demand-assessment glasses' must also be put on in order to see who the assessed deficits and demands belong to in the situation. Information should also cover the losses suffered by the person asking for help and how it maps them to itself.

Therefore, as a first step on the road to solving the problem, it is important, in addition to knowing the physical and other objective parameters, to explore how the patient's manifestations can (in a helpful or obstructive manner) influence the healing process during cooperation.

The process of patient management and its effectiveness can be monitored in relation to hospital care or to different interventions and programs.

In the frame of the planned treatment changes in patient's attitude reflect the progress in cognitive attitude, emotional status also in the improvement of his coping strategies.

Several studies indicated that stressors in general have less impact on personal behavior if persons can exert some control over them.

The majority patients are motivated to solve problems that currently affect their health and mobilize energy to achieve the goals, while others may seem that less or not are interested in options to solve their health problems. The disturbing factors mostly derive from the contradicting messages, as consequence of the not enough teamwork. The lack of a clear and revisable goal setting and the missed clarification of patient's feel and views on investigations can take as hindering agent of the effective co-operation. The lack of acceptance of patient's idiosyncrasies and frequent collision with the value system of the patient arises conflict situations

which put the accent on energy- robber conflict management instead of its prevention (Maclean & Pandora, 2000). During patient conducting process, the therapist helps people in difficult situations to recognize, count and use their own values, resources and opportunities in order to reach the highest degree of development possible for them. People, if they feel that they trust their abilities, can utilize their efforts better.

Patients involved in the nursing process, considering subjective nursing diagnoses, may also change the attitude of nurses to the activity and importance of the nursing profession. Working with patient, the changes in patient attitude reflects the effects of nurse's activities that induce mutual respect and growth in the actors resulting patient and work satisfaction as well.

Patient conducting, supported by the method of paramedical counseling based on subjective nursing diagnoses, can make a significant contribution to the conscious participation in their own healing process by their "expertise" acquired through understanding and internalized knowledge; consciously participate in treatment, health maintenance and prevention of further health damage or remission prevention.

RECOMMENDATION

The concept of patient conducting in present days is not frequently appear in nursing literature and vocabulary, although the professional preparedness of the helpers and the development of their therapeutic style are an urgent task both for health of persons in distress and for the helpers alike to preserve their sense of value, identity. Researches for understanding patients' behavior and motivation can contribute to empower professionals to better cope with the phenomenon of patient disengagement and conduce sick people towards motivation and help avoid opposite direction. Investigations performed at different sites of nursing care, utilization of their results can lead to improving of nursing culture, high quality patient centered care and patient satisfaction as well. (Sztamári, *et al.*, 2020).

Generally, education and patient education frequently assumes that the host of communication has no starting point for the question. Thus, persuasion can only be started after clarification of individual's prior knowledge of the subject to avoid the "trap of the best knowledge" (Reid, 1978). During efforts to change attitudes, therefore, ignoring the value system and conviction of the individual may lead to the absence of significant changes. (Festinger, 1964). This basic knowledge highlights the need to renew patient education in view (Stewart, 2020), by which looking for common alternatives together with the patient essential element in achieving the objectives of person-centered care.

Using research as education strategy in nursing education, offers a way for the educators to follow effectiveness of development in students' attitude toward people reactions and behavior by understanding the essence of subjective nursing diagnoses. The teaching of a set of criteria for the formulation of subjective nursing diagnoses can contribute to the integration of nursing students' knowledge from different disciplines and to understanding their practical usefulness/applicability as well.

Knowledge of tutors'/mentors' helping students with preparation for nursing profession in different places of site practices also needs improvement to reduce "rather caught than taught" effect hindering stereotypes they are transmitted by the so-called "hidden curriculum". (Ludwig, *et al.*, 2018).

Social roles and norms play a significant role in human behavior. A person facing the disease must face also with the challenge of the altered self-evaluation based on the social comparison where helpers (nurses, physicians and others) serving as a new reference group for them may result also the sense of relative deprivation (Helembai, 2019b). This knowledge also draws attention the need to improve the content of the training programs with special regard the understanding of patient conducting process.

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